

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

TENEBRIO ANTIFREEZE PROTEINS

Attorney Docket Number::

016252-002110US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

7

Small Entity?::

Yes

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

Applicant Information

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Canada
 Status:: Full Capacity
 Given Name:: Laurie
 Middle Name:: A.
 Family Name:: Graham
 Name Suffix::
 City of Residence:: Kingston, Ontario
 State or Province of Residence::
 Country of Residence:: Canada
 Street of Mailing Address:: 31 Stanley Street, Apt. 13
 City of Mailing Address:: Kingston, Ontario
 State or Province of mailing address::
 Country of mailing address:: Canada
 Postal or Zip Code of mailing address:: K7K 1X8

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Canada
 Status:: Full Capacity
 Given Name:: Yih-Cherng
 Middle Name::
 Family Name:: Liou
 Name Suffix::
 City of Residence:: Kingston, Ontario
 State or Province of Residence::
 Country of Residence:: Canada
 Street of Mailing Address:: 15 MacPherson Avenue, Apt. 18-102
 City of Mailing Address:: Kingston, Ontario
 State or Province of mailing address::

Country of mailing address:: Canada
Postal or Zip Code of mailing address:: K7M 2W8

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Virginia
Middle Name:: K.
Family Name:: Walker
Name Suffix::
City of Residence:: Sydenham, Ontario
State or Province of Residence::
Country of Residence:: Canada
Street of Mailing Address:: R.R. #1
City of Mailing Address:: Sydenham, Ontario
State or Province of mailing address::
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: K0H 2T0

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
Middle Name:: L.
Family Name:: Davies
Name Suffix::
City of Residence:: Kingston, Ontario
State or Province of Residence::
Country of Residence:: Canada

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